

150
An Inaugural Dissertation

Chorea ^{one} Sancti Viti

Submitted to the examination

of the
Trustees and Medical Professors

of the
University of Pennsylvania
for

The Degree of Doctor of Medicine

by
William Bustirk Hoehner
of

Northtown Pennsylvania

admitted March 16th 1822

The Chancellor of the Exchequer

I have the honor to acknowledge the receipt of your letter of the 11th inst.

relative to the appointment of a Committee of the Privy Council to inquire into the state of the

University of Cambridge

and the progress of the same

William Pitt

Secretary of State

To Thomas James, M.D.
 Professor of Midwifery in the University of
 Pennsylvania.

Dear Sir,

Permit me
 to inscribe this dissertation to you, as an
 acknowledgement for the public instruction
 and private favors received at your
 hands.

With sentiments of respect
 I am

Dear Sir

Your friend

W B Hershon

James C. Jones M.D.
of the University of the South
Pensacola

Received of the University of the South
the sum of \$100.00
for the purchase of the
book of the University of the South

Wm. H. H. H. H.

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Wm. H. H. H.

Chorea Sancti Viti.

The origin of this name is somewhat curious and deserves some attention. The chapel of St Vitus, is situated near Ulm in Germany. Withers says Herodotus, resorted a class of women disordered in mind. They spent day and night in dancing until they were completely exhausted. In this way, he informs us they were restored till the following May, when they would again be seized with restlessness and disordered motions of the limbs, in so great a degree, as to be obliged on the return of the anniversary feast of St Vitus, to repair again to the same chapel for the purpose of dancing. From this tradition, a sort of convulsive disease to which girls are subject about the appearance of the menses, took its name. Whether either of these, was of the same nature as the one which we now designate

Ignate by the ^{of Chorea} name is uncertain, I should rather think not; Whether or no, it is very probable, that the name of Chorea Sancti Viti has been derived from that circumstance.

By preceding writers this disease has been classed, with the Neuroses, and under spasms.

When we consider the frequent occurrence of this affection and extreme difficulty of its cure; it is a matter of great surprise that writers have paid so little attention to it.

Chorea very seldom appears after the age of puberty, attacking boys & girls indiscriminately; generally those of a weak constitution, and those who live upon a low penurious diet. It commonly affects children between the ages of six and fourteen. Dr Hamilton saw two cases between the ages of sixteen and eighteen years. It advances in its course very slowly. The first indications

of its approach, are, a very variable appetite, loss of vivacity & playfulness, costiveness, increasing as the disease advances, a tumid and sometimes flaccid belly; In a short time convulsive motions of the muscles of the face are observed, but it does not stop here, the convulsive motion gradually increases, and extends to other muscles, involving mostly the left arm and leg, and sometimes the whole system.

The convulsions do not always appear first in the face, but show themselves in some other part. When the upper extremities become affected the sufferer is unable to keep his arms still for a moment; he makes many very curious movements before he can accomplish his object. Sometimes other muscles appear to act contrary to what he intended; thus, when he intends to flex the arm, it is extended, if the lower extremities become affected he walks with great difficulty, moving them in various directions. Sometimes he cannot move at all.

and appears to be pained.

11th. Deglutition becomes very difficult, and is awkwardly performed, as if he intended to amuse the bystanders. Indeed all the convulsive movements of chorea have so much this appearance, that a person not conversant with the disease, might easily be deceived.

Articulation now becomes impeded, and entirely suspended; instead of distinct words he utters loud shrieks.

When, involved the whole muscular system it extends its ravages to the mental faculties. The eye loses its lustre, and intelligence; the countenance becomes pale and expressive of vacancy. Frequent, sudden, and alternate fits of weeping and laughing break out. These symptoms give the patient a furious appearance, and in time the wretched sufferer actually sinks into this state.

The convulsive motions continue through the whole course of the disease without interruption, except during sleep



sleep when then entirely cease. The disease may now be considered confirmed, or as having assumed the second stage, as we shall, ily explain hereafter.

Dicnosis.

The slow approach of this disease, the nature of the convulsions, expression of the countenance, state of the system, the time of its appearance, and the subjects whom it attacks, so evidently distinguish it, from all others that it is unnecessary to say any more on this subject. Any person who has seen one case of chorea will ~~very~~ readily recognise it.

Prognosis

Does this disease ever prove fatal? I will not take upon myself to decide this question; of some of the few cases I have seen proved so; and if taken in time, and properly treated very probably it may frequently be cured. But if the first stage be suffered to pass over unmolested, and the disease become fixed in the system



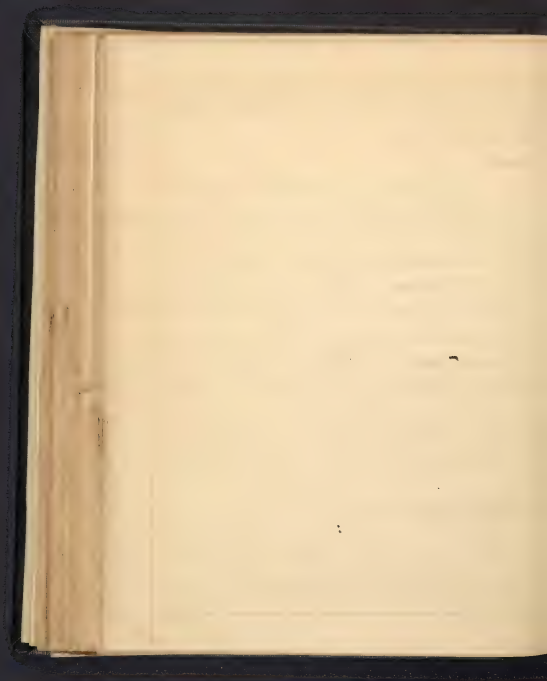
we have much reason to think, that it
will sometimes prove fatal. Dr Hamilton
is of this opinion.

Cause.

Chorea is caused by various irritations, such as, offensive smells, teething, worms, poisons taken into the stomach, acrid matter in the intestines. It sometimes arises from violent affections of the mind, as, horror, fright and anger. In many cases it is brought on by general weakness, and irritability of the nervous system; And sometimes it takes place, by seeing the disease in others. These are the causes of chorea as laid down by writers. Whether they all produce the disease I will not take upon myself to decide.

Pathology.

Dissections of those who have died of this disease have been very seldom made. On this account perhaps chorea is not so well understood as many other diseases.



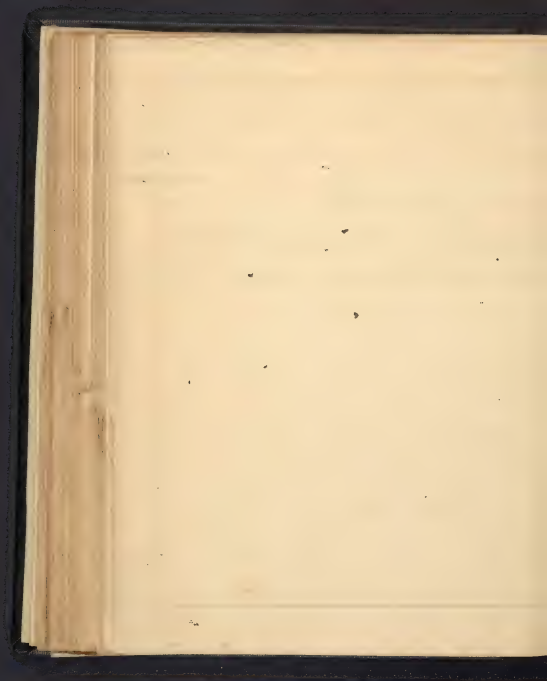
as. The older writers do not appear to have understood its nature. By looking over the causes we find that most of them act upon the alimentary canal; and the convulsions are always preceded by derangement of health; as indicated by loss of appetite and constipation of the bowels increasing as the disease advances, and appears to be commensurate with the violence or mildness of the attack.

The nausea, irregular appetite, flaccid or tumid abdomen, costiveness, in short all the symptoms which precede as well as accompany an attack of Phaca, plainly indicate its intimate connection with the alimentary canal. Professor Chapman has fully established this theory in the first volume of his Therapeutics; Dismiss tenth; Dr Hamilton also has given a very elaborate description of this disease confirming ~~the~~ Dr Chapman's opinion of many of the nervous affections,

Professor Cope has given it as his opinion that this disease depends upon a partial collection of water in the ventricles of
the



the brain. in the Medical Museum. He brings forth
strong proofs in support of his opinion, the case of
Van Megeut is very conclusive. after the appear-
ance of the 2^d, after many communications were
sent in concerning his theory. If water does some-
times exist in the ventricle, may it not be caused by
a serious dilatation of the alimentary canal?
May not the contracted and flattened case of brain
be kept up by this collection of water in the brain.



Chorea, as has already been mention-
 ed may be divided into ^{two} stages, incipient and confirmed.
 When called in the early part of this disease our course
 is very evident. We ought to examine whether any ir-
 ritating cause exists, lance the gums if swollen; if
 any symptoms of worms give anthelmintics. In this
 incipient state of things we generally find a very
 inflammatory diathesis to prevail, furred tongue &c.
 &c. in such a case I would not hesitate to bleed, repeat-
 edly until the inflammatory symptoms were suffi-
 ciently reduced. As we have already said, Costive-
 ness ~~is~~ always a symptom of this disease, purga-
 tives are therefore doubly necessary. The active cath-
 artics ought to be administered, and the purging
 kept up by frequently repeating them as long as
 the inflammatory symptoms appear, and then
 the milder laxatives may be substituted, merely
 to keep the bowels sufficiently open. It ought to
 be particularly recollected, that, if we suffer the
 intestines to fall into that torpid state, which so
 conspicuously characterises the more advanced
 stage



stage of the disease, all the symptoms are aggravated
if we neglect this precaution it becomes confirmed
and fixed in the system, and the cure is thereby
rendered more difficult and tedious.

After sufficient
evacuations, we may venture to give tonics to
confirm the cure, not forgetting to keep the bow-
els well opened. Most of the class of tonics have
been prescribed, as Peruvian Bark; preparations
of Iron, Camphor, Sulphuric Ether, Saccharin,
preparations of Zinc and Copper, Nitrate of Sil-
ver, and many others. I prefer the two first, pe-
ruvian bark and carbonate of Iron combined.
I think I have given an antispasmodic with
advantage. As long as the inflammatory symp-
toms remain, the patient ought to live upon a
low diet, but when these are subdued a more
generous one may be allowed. The patient
must continue his medicine until he is perfectly well.
In this way we can frequently cure the
disease; but if we suffer it to run on unmo-
dested either from negligence or erroneous prac-
tice



tice, the state of things is materially changed.

- The disease becomes confirmed and permanently fixed in the system. It may now be said to be advanced to the second stage. All the preceding symptoms are aggravated, pulse feeble, extremities cold and bowels very costive. If we consider the extreme costiveness which always accompanies this stage of the disease, it is very natural to suppose that the bowels are loaded with a great quantity of indurated feces. These must be evacuated before we can expect a cure, ~~which~~ sometimes require ~~these~~ powerful medicines. The proper cathartics are Jalap and Calomel. If the first dose does not succeed, we must repeat it at proper intervals, until the alimentary canal is completely evacuated. After this we may give a less powerful purge every morning for several days, which leaves the way for the proper reception of tonics. The same kind of tonics are proper here, as in the first stage of the disease. We must not lay aside the cathartics when we commence giving tonics. By this treatment we may frequently expect a cure

case.

But we must expect to meet with disappoint-
ments, ^{without interruption} The disease goes on for a number of years and
at last proves fatal.

